

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 6 1960

-60-042895

NDED

Registration District No. 234

Primary Registration District No. 5814

Registrar's No. 2-0

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BUFFALO TWP</u>		Length of stay in 1b <u>60 YRS</u>		c. CITY OR TOWN <u>BUFFALO TWP</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>12 MILES SOUTH STOVER</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>12 MILES SOUTH STOVER</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>MERIDA</u> Middle <u>C</u> Last <u>BRADEN</u>				4. DATE OF DEATH Month <u>NOV.</u> Day <u>30</u> Year <u>1960</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>JUNE 16 1874</u>	
9. AGE (last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and state or country) <u>MORGAN COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>ELIAS BRADEN</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN CRENSHAW</u>		14. NAME OF HUSBAND OR WIFE <u>ROSA BRADEN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>CLAUDE BRADEN STOVER MO</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Anoxia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 HOUR</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pulmonary Congestion</u>						<u>2 WEEKS</u>	
DUE TO (c) <u>Arteriosclerotic Heart Disease</u>						<u>YEARS</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Uremia</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Nov 1956</u> to <u>Nov 30, 1960</u> and last saw him alive on <u>Nov 27, '60</u>				Death occurred at <u>5 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>A. C. Gaffa D.O.</u>				22b. ADDRESS <u>Stover, Mo</u>		22c. DATE SIGNED <u>12/2/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>DEC 2 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>SHILO CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>MORGAN COUNTY MO.</u>	
24. FUNERAL DIRECTOR <u>Schuman-Harrison</u>		ADDRESS <u>Stover Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 3 1960</u>		26. REGISTRAR'S SIGNATURE <u>Wm. L. Rippeger</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

J. L. Stevens
Licensed Embalmer No. 4073

P. O. Address Stoner

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.